Muckleshoot Tribal School

Permission to Participate in Warrior's Path

I hereby request that you permit _____ to attend Warrior's Path on Fridays for the 26/27 school year. I understand that it may be canceled or not facilitated due to but not limited by holidays, closures, or unavailable staffing. Activities include but aren't limited to medicinal plant harvesting/processing, introduction to traditional foods, traditional carving projects, wildlife tracking and management, substance use prevention lessons/activities, outdoor recreational sports (skiing, biking, fishing, etc), and community service based projects.

Leave time: 1pm from Tribal School (if off campus activity)

Return time: 4pm for Activities bus or Guardian Pick-up

Transportation is provided by MTS staff in MIT vehicles.

Contacts: Devin Whiteaker @ 253.263.3661 or Brianna Perez @ 253.308.6744

I give permission for my child to be seen by a medical team and be transported to a local hospital for immediate care if needed.

As parent/guardian of the above named youth, I promise to hold Muckleshoot Tribal School harmless from any liabilities that may incur from the above named youth/chaperone in connection with the above described excursion, except as might arise because of negligence on the part of the department.

The following health problems/allergies should be noted:

_____

Parent Name/ Phone Number: _____

Emergency Contact/Number: _____

Address: _____
_____

X_____ _____

Parent/Guardian Signature Date